

# Commonwealth of Pennsylvania - Campaign Finance Report (Note: This report must be clear and legible. It should be typed)

Filer Identification Number	Report Filed By ( Mark X)	Candidat	ie	Committee		Lobbyist
Name of Filing Committee, Candidate or Lobbyist	N	ommittee		lect:	Kathy 1	atica
Street Address	4623	Sac	the	N Di	, ,	
City Cue		State	PA	Zip Code	16504	
Type of Report (Place x under report type)	CONTRACTOR OF THE PROPERTY OF				- Company of the Comp	to the contract of the second of the second
1-6 <sup>th</sup> Tuesday 2- 2 <sup>nd</sup> Friday 3-30 Day Post Pre-Primary Pre-Primary Primary	AND ASSESSMENT OF THE PARTY OF	- 2 <sup>nd</sup> Friday Pre- Election	6- 30 Day Post Election	7- Annual	Special 2 <sup>nd</sup> Friday Pre-Election	Special 30 Day Post-Election
			$\boxtimes$			
Date Of Election (MM/DD/YYYY) ///07/2017	Year		Amendment Report		Termination Report	
Summary of Receipts and From Date Expenditures  // /23/ A. Amount Brought Forward From Last Repo	To Date	7/17		For	Office Use Only	
B. Total Monetary Contributions and Receipt (From Schedule I) C. Total Funds Available (Sum of Lines A and B) D. Total Expenditures (From Schedule III) E. Ending Cash Balance (Subtract Line D from Line C) F. Value of In-Kind Contributions Received (From Schedule II) G. Unpaid Debts and Obligations (From Schedule IV)	107	18,81 50,00 98,81 19,40 9.41			YOTER REGISTRATION	EC -5 PM
Part 1- If this is a Committee report, treasurer sign I swear (or affirm) that this report, including the at Sworn to and subscribed before me this	here. If this is southed tached schedules on p	Affidavit Se lidate report, c paterni to the	andidate sign here.	dge and belief	true, correct and compl	ete.
day of Deemble of Signature  My Commission expires 4 2 4 CM  Mo. DAY Y	norwealth of PehrisyWar		(8/4) Area Code	of Person Sub Printed Nar Da	10CA45E	ber
Part II- If this is a report of a Candidate's Authorized I swear (or affirm) that to the best of my knowledge amended.  Sworn to and subscribed before me this day of Candidate's Authorized amended.  Sworn to and subscribed before me this signature and subscribed before me this signature and subscribed before me this signature.  My Commission expires And DAY YR.	ed Committee, de poil 24, 2021 ge and belief his Commission Expires April 24, 2021 Commission Number 1275541	Eric County	has not violated and the has not violated and	Printed Name	Jatica digate CA	<u></u>

#### SCHEDULE I

# **Contributions and Receipts**

**Detailed Summary Page** 

Filer Identification Number CT Elect Karth	4	Fatica
1.Unitemized Contributions and Receipts-\$50.00 or Less per Contributor	S. States of the	
Total for the reporting period (1)	1 \$	
2. Contributions of \$50.01 to \$250.00 (From Part A and Part B)	de la companya de la	
Contributions Received from Political Committees (Part A)	S	250.00
All Other Contributions (Part B)	\$	0
Total for the reporting period (2)	\$	250.00
3. Contributions Over \$250.00 (From Part C and Part D)	And the second	
Contributions Received from Political Committees (Part C)	\$	1000.00
All Other Contributions (Part D)	\$	Q
Total for the reporting period (3)	\$	1000.00
4. Other Receipts-Refunds, Interest Earned, Returned Checks, ETC. (From Part E)		
Total for the reporting period (4)	\$	6
Total Monetary Contributions and Receipts during this reporting period (Add and enter amount totals from Boxes 1, 2, 3 and 4; a so enter this amount on Page 1, Report Cover Page, Item B)	\$	Ø

#### PART C

# **Contributions Received From Political Committees**

Over \$250.00

Use this Part to itemize only contributions received from Political Committees with an aggregate value over \$250.00 in the reporting period.

Filer Identification Number: CTE Karthy Falica	
Full Name of Couperter Legislate Contributing Committee	Date [MM/DD/YYYY] 5
program of strate +1+	11/9/17 500,00
House # Street Address Ridge Road #200	Date [MM/DD/YYYYY] \$
City P. Helmigh State PA Zip Code 15205	Date [MM/DD/YYYY] \$
(Fill Name of	Date [MM/DD/YYYY] \$ /
Contributing Committee AFSCME Council 13 PAC	11/9/17 500.00
Contributing Committee AFS CME Cauncil 13 PAC House # Street Address Culcutive Paul D	Date [MM/DD/YYYY] \$
Gity Harrishurg State PA Zip Code 17/1/1	Date [MM/DD/YYYY] \$
Full Name of	Date [MM/DD/YYYY] \$
Contributing Committee	
House # Street Address	Date [MM/DD/YYYY] \$
	I See I MANA I SEE TOO DOOD I SEE THE
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of	Date [MM/DD/YYYY] \$
Contributing Committee	
House # . Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of Contributing Committee	Date [MM/DD/YYYY] .\$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Full Name of	Date [MM/DD/YYYY] \$
Contributing Committee	Date IMMA/DD/VVVVI 5
House #   Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$

#1000.00

PAGE	OF	

### SCHEDULE III

## STATEMENT OF EXPENDITURES

Name of Filing Committee or Candidate	<u>-</u>	+	Reporting Period	1/2 To 11/27/17
CI L Ruchy	1 ac	nica	TOWN TO THE PARTY OF THE PARTY	
To Whom Paid	1		MO. DAY YEAR	Amount
me Carly Prin	t	ny	11 11 17	\$ 2211,16
Mailing Address		<b>V</b>	Description of Expenditure	f. & Campaign
City	State	Zip Code (Plus 4)	1 +	
Cue PA	P-U-ACARE	16506-	Think	ng
To Whom Paid Lattleen Lat	te	ia	MO. DAY YEAR // //	\$ 1500.00
Mailing Address 4623 Swelter	n)		Description of Expenditure	entof
City	State	Zip Code (Plus 4)	loces	\\ \rightarrow\rightar
To Whom Paid Partal Sern	ic	e	MG. DAY YEAR	Amount \$ 33,20
Mailing Address	Est.	, ,	Description of Expenditure	e) for
City	State	Zip Code (Plus 4)	Lesson	et +
Cre .	PA	16506	Thank	fun notes
To Whom Paid . Bengside Leston	na	nt	MG DAY YEAR '	Amount 05.04
Malling Address 3202 Sterret	ta	nea	Description of Expenditure	night
City Crie	State	Zip Code (Plus 4)	event	0
To Whom Paid	and a const		MQ GAY YEAR	Amount
Mailing Address			Description of Expenditure	\$
maining Adviess			besomption of Expenditure	
City	State	Zip Code (Plus 4) —		
To Whom Paid	EMPERAN	dan kalundar kereban berada dan b	MO; DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
Chi		1 2: 0 1 /0. 1		
City	State	Zip Code (Plus 4) —		
To Whom Paid	Accession (1919)		MO. DAY YEAR	Amount \$
Mailing Address			Description of Expenditure	
City	State	Zip Code (Plus 4)		
To Whom Paid	na pied desirable	Parallel Carefries and minutes and	MO GAY YEAR	Amount
Mailing Address			Description of Expenditure	Į\$.
City	State	Zip Code (Plus 4)		
		-		
	at KARALITA KET	TETER CONSISTENCE AND		PAGE TOTAL
Enter Grand Total of Expenditures on Page	ge 1,	Report Cover P	age, Item D.	\$ 3949.40

### SCHEDULE II

#### Part G

### **In-Kind Contributions Received**

VALUE OVER \$250

Filer Identification Number:	
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal	Description
Place of Business	of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
State	asec [mm/ss/, act]
Employer Name	Occupation
Employer Mailing Address / Principal	Description
Place of Business	of Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal Place of Business	Description of
	Contribution
Full Name of Contributor	Date [MM/DD/YYYY] \$
House # Street Address	Date [MM/DD/YYYY] \$
City State Zip Code	Date [MM/DD/YYYY] \$
Employer Name	Occupation
Employer Mailing Address / Principal	Description
Place of Business	of Contribution

#### SCHEDULE II PART F

## **In-Kind Contributions Received**

VALUE OF \$50.01 TO \$250

Filer-identification Number:		
	CV-1.3 Courted Head SNA From the 243 No. 220	
Full Name of Contributor		Date [MM/DD/YYYYY] \$
House# Street Address		Date [MM/DD/YYYY] \$
City	.Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution	1200 120 120 120 120 120 120 120 120 120	I Interior
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
City State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		
Full Name of Contributor	maan liiku kanada geen ke kii nege seri salada saad aan geen maan in sala	Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYY] \$
Gity State	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		
Full!Name of Contributor		Date [MM/DD/YYYYY] \$
House # Street Address		Date [MM/DD/YYYYY] \$
City	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		
Full Name of Contributor		Date [MM/DD/YYYY] \$
House # Street Address		Date [MM/DD/YYYYY] \$
City	Zip Code	Date [MM/DD/YYYY] \$
Description of Contribution		

#### **SCHEDULE II**

# IN-KIND CONTRIBUTIONS AND VALUABLE THINGS RECIEVED

USE THIS SCHEDULE TO REPORT ALL IN-KIND CONTRIBUTIONS OF VALUABLE THINGS DURING THE REPORTING PERIOD DETAILED SUMMARY PAGE

Filer Identification Number:		
UNITEMIZED IN-KIND CONTRIBUTIONS RECEIVED	VALUE OF \$50.00 OR LESS PER	CONTRIBUTOR
TOTAL for the reporting period (1)	\$	
2. IN:KIND CONTRIBUTIONS RECEIVED-VALUE OF \$5	0.01 10 \$250.00 (FROM PART I	
TOTAL for the reporting period (2)	\$	
	2EO/00/EPOM/BART C)	
3. IN-KIND CONTRIBUTION RECEIVED VALUE OVER	250:00([FROWPART G)	
TOTAL for the reporting period (3)	\$	
	CANADATA ESTADOS PARA ESTADA PARA PARA PARA PARA PARA PARA PARA P	
TOTAL VALUE OF IN-KIND CONTRIBUTIONS DURING THIS R PERIOD (Add and enter amount totals from boxes 1, 2, and		
on Page 1, Report Cover Page, Item F)		

### PART D **All Other Contributions**

Over \$250.00

Use this Part to itemize all other contributions with an aggregate value over \$250.00 in the reporting period. (Exclude contributions from political committees reported in Part C)

Filer Identification Number:			
		医阿尔特氏试验检尿病 医二氏试验检检尿病 化二甲烷 医外腺 经净证券	Date [MM/DD/YYYY] \$
Full Name of Contributor			The state of the s
House # Street Address			Date [MM/DD/YYYY] \$
	State	Zip Code	Date [MM/DD/YYYY] 5
City			Occupation
Employer Name			Occupation
Employer Mailing Address / Principal Place of Business			Date [MM/DD/YYYY] \$
Full Name of Contributor			Buc_(mn)
House # Street Address			Date [MM/DD/YYYY] \$
	loca Survivos	Zip Code	Date [MM/DD/YYYY] \$
City	State	Zip code	257D 4.1570 6.1570 2.25
Employer Name	VII. 2007 10 10 10 10 10 10 10 10 10 10 10 10 10		Occupation
Employer Mailing Address / Principal Place of Business			
Full Name of Contributor			Date [MM/DD/YYYYY] \$
House # Street Address		ii.	Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	1607245	1120001033350550	Occupation
Employer Mailing Address / Principal Place of Business			the common the control of the common that the
Full Name of Contributor	encod voltable for call the best and	ns, priester entre en entre entre entre en entre en entre	Date [MM/DD/YYYY] \$
House # Street Address			Date [MM/DD/YYYY] \$
City	State	Zip Code	Date [MM/DD/YYYY] \$
Employer Name	19000		Occupation
Employer Mailing Address / Principal Place of Business			